



# City of Saint Paul

## Employment Application

You must obtain a copy of the job announcement before submitting this application.

We welcome your application for employment. Please make sure you read the job announcement for the position for which you are applying and give us complete information about yourself so that we may give your application full consideration. You may attach additional information to this application.

The City of Saint Paul is an Affirmative Action Employer. It is our policy to provide equal opportunities to all. The City of Saint Paul does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, and marital status, status with regard to public assistance, or membership or activity in a local commission.

### YOUR RIGHTS AS A SUBJECT OF DATA

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying; to distinguish you from other applicants; to identify you in our employment files; and to contact you for employment interviews.

The following information on this application will be considered private data pursuant to the Minnesota Government Data Practices Act: your name, home/work/email address, home phone number, Social Security Number, gender, racial/ethnic group and disability status. If you are certified as eligible for an employment vacancy, your name, education, training and previous work experience will become public data.

Furnishing information regarding your Social Security Number, gender, racial/ethnic and disability data is voluntary, but refusal to supply other requested information will mean your application for employment may not be considered. Race and gender information are used in summary form to monitor protected class employment. Race and gender data may also be used if the job classification for which you applied is under-represented (under-employed) in terms of gender or persons of color. If you do provide the data and you are subsequently hired, the data you have given us will become part of your employee record.

Private data is available only to you and to other persons in the City who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data not designated in this notice as private.

### PLEASE PRINT OR TYPE

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name Suffix (Jr, Sr) First Name Middle Initial Social Security Number

3. \_\_\_\_\_  
Street Address (with P.O. Box or Apt. No.) City State Zip Code

4. (\_\_\_\_\_) 5. (\_\_\_\_\_) 6. (\_\_\_\_\_)  
Home Phone Work/Other Phone Fax Number

7. Email Address: \_\_\_\_\_

8. Title of position applying for: \_\_\_\_\_

9. Exam Number found in the Job Announcement \_\_\_\_\_

10. Do you want to be contacted for a temporary position? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you graduated from high school or received a G.E.D.? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Name of College, University, Technical, Professional, Business or Trade School or other. \_\_\_\_\_

Major/Minor \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

If you did not graduate, list the total number of credits completed. Sem. \_\_\_\_\_ Qtr. \_\_\_\_\_

Answer Question 13 if the position requires a driver's license.

13. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, State? \_\_\_\_\_ Class? \_\_\_\_\_

### FOR OFFICE USE ONLY

Condition Code _____	Approved: _____	Performance Appraisal	S	U	Vets Pref:	V (5pts)	D (10pts)
Condition Code _____	Reject. Code _____	Promotion Rights:	Y	N			

## Experience

Please complete this section. You may also attach a resume or additional experience sheets as needed.

14. Current or most recent employer: May we contact this employer for reference? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of Organization: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dept/Div: \_\_\_\_\_ Address: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_.\_\_\_\_\_ hr \_\_\_\_bi/wkly \_\_\_\_yr Hours worked: \_\_\_\_/week Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Major duties or responsibilities at current or most recent job:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

15. Next most recent employer: May we contact this employer for reference? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of Organization: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dept/Div: \_\_\_\_\_ Address: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_.\_\_\_\_\_ hr \_\_\_\_bi/wkly \_\_\_\_yr Hours worked: \_\_\_\_/week Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Major duties or responsibilities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

16. Next most recent employer: May we contact this employer for reference? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of Organization: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dept/Div: \_\_\_\_\_ Address: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_.\_\_\_\_\_ hr \_\_\_\_bi/wkly \_\_\_\_yr Hours worked: \_\_\_\_/week Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Major duties or responsibilities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle initial(s): \_\_\_\_\_

First Name: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
DATE (NUMBERS ONLY)

Title of position

Applying for: \_\_\_\_\_

Exam number found in the job Announcement: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### SECTION 1: Completion of this information is voluntary.

Please mark an X on the appropriate line:

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Race/Ethnicity (Select all that apply)

\_\_\_\_\_ American Indian or Alaska Native: A person having origins in any original peoples of North, Central and South America, and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ Black, African or African American: A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### Disability/Disabled is defined as:

(1) Has physical, sensory or mental impairment (condition which significantly limits one or more life activities; or (2) has a record of such an impairment (condition); or (3) Is regarded as having such an impairment (condition).

Do you claim Disability Status? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicants who need an accommodation in the application or testing process should call (651) 266-6500.

### Section 2: Completion of questions #1 – 4 are REQUIRED.

1. Have you ever been employed by the City of Saint Paul? Yes, current employee \_\_\_\_\_ Yes, former employee \_\_\_\_\_ No \_\_\_\_\_

2. Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you wish to claim veteran's preference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, you must provide a copy of military form DD214.

### Certificate of Applicant:

I certify that I am who I have represented myself to be in the application and I affirm and attest that the information I provided on the Equal Employment Opportunity form is true, and complete to the best of my knowledge. I understand that giving false information, including voluntary information, or omitting required information could result in rejection of my application or dismissal if I am hired. I authorize the City of Saint Paul to verify the information I provided on the Equal Opportunity form and the Employment Application. The City of Saint Paul requires verification of identity and employment eligibility of each person hired at the time of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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